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CONFIRMATION NO. 3662

<b>SERIAL NUMBER</b> 10/763,049	<b>FILING OR 371(c) DATE</b> 01/22/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 07917-217002	
<b>APPLICANTS</b> Harriet L. Robinson, Atlanta, GA; Ellen F. Fynan, Sterling, MA; Robert G. Webster, Memphis, TN; Shan Lu, Franklin, MA;  <b>** CONTINUING DATA *****</b> This application is a CON of 08/187,879 01/27/1994 PAT 6,841,381 which is a CIP of 08/009,833 01/27/1993 PAT 5,643,578 which is a CIP of 07/855,562 03/23/1992 ABN  <b>** FOREIGN APPLICATIONS *****</b>  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/06/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <i>Shan Lu</i> Acknowledged <i>SL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 26161					
<b>TITLE</b> Immunization by inoculation of DNA transcription unit					
<b>FILING FEE RECEIVED</b> 903	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		